

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Pablo A. Vicharelli Confirmation No.: 8673
Serial No.: 09/736,822 Art Unit: 2617
Filed: December 14, 2000 Examiner: J. Gelin
Title: Method and Apparatus for Network Planning

ISSUE FEE PAYMENT

Mail Stop ISSUE FEE

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Allowance mailed October 6, 2006, enclosed are the following:

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2. Certificate of Transmission.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees or publication fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.

Respectfully submitted,

Date: 12/19/06


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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
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32127 7590 10/06/2006

VERIZON
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<i>Eden Stright</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>12/19/06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/736,822	12/14/2000	Pablo A. Vicharelli	99-890	8673
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TITLE OF INVENTION: METHOD AND APPARATUS FOR NETWORK PLANNING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/08/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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GELIN, JEAN ALLAND	2617	455-423000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 _____

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Verizon Laboratories Inc.

Waltham, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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